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LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER IX.

LEUCORRHOEA.—Leucorrhœa was a frequent symptom. It existed in 17 patients, in all save 3 of whom it was habitual.

*State of the Uterus. Examination by Means of the Speculum.*—The cervix has always appeared to us more bulky than in the normal state. In almost all the cases it completely filled speculum No. 2. Three or four times only there was a small space between the organ and the walls of the instrument, and, even in these, there was an augmentation of bulk, since we found the part diminished after the recovery of the patient. It was principally in women who had borne several children that it was most bulky.

We found small *granulations* of the cervix in 4 patients. In 1 only, whose history I shall relate (Case VI.), there was a *large ulcer* occupying the two lips and extending into the interior of the cervix. In the other cases the appearance of the cervix, noted with care, was normal. The leucorrhœa which existed at the time, can, then, be attributed only to the anteversion.

The cervix always presented itself, in the field of the speculum, by its anterior surface. Its orifice was low, and occasionally difficult to find. Sometimes, only a very small portion, and sometimes none, of the posterior lip could be perceived; and, in the place which it should have occupied, one of the folds of the posterior wall of the vagina presented itself.

In order to seize well the cervix, and to see it in its entire extent, it was necessary to make it swing over, by giving to the extremity of the speculum a movement which made it describe a slight curve. In this manner the posterior lip was made to advance so as to bring it into view, at the same time that the anterior lip was disengaged a little by being carried forward.

*Tactile\* Examination per Vaginem.*—In all the cases, on examining with the finger per vaginam, I found the cervix directed backward and

\* In No. 4 the word "Tactile" should have been prefixed to "*Examination per Vaginem*," and to "*Examination per Rectum*."—TRANS.

upward, its orifice looking toward the cavity of the sacrum. Once, on account of the *embonpoint*, it was very difficult to reach (Case III.). The body being heavy—globular—falling back more or less heavily when raised, is always found immediately behind the pubis, above the anterior wall of the vagina. I was always able completely to explore with the finger the anterior surface of the body, which was directly continuous, and, at the same time, formed an angle with that of the cervix. But I have never been able to reach the posterior surface of the former, and but very rarely has it been in my power to reach even a small part of the posterior surface of the latter, before replacing the womb.

*Tactile Examination per Rectum.*—By means of this mode of exploration, which, I repeat, is not indispensable for diagnosis, and which we resorted to three times only, we found, at a variable height, and lying against the anterior wall of the rectum, a rounded tumor, which was recognized to be the cervix uteri, as the movements which were given to it were transmitted to the body of the organ situated anteriorly. When the finger reached sufficiently high to pass this tumor, in place of encountering the posterior surface of the body, it felt nothing further than the soft resistance of the intestines.

Although I have never done it, the practitioner might, if he thought fit, make a tactile examination at the same time *per vaginam* and *per rectum*; and thus satisfy himself that movements communicated to the cervix are imparted to the body, and vice versa.

*Examination by Means of the Sound.*—The uterus was explored in all cases with the sound—an instrument which furnishes the most important diagnostic signs, and the mode of using which in anteversion we proceed to consider.

The index finger of the left hand being passed into the vagina, in order to reach the opening of the cervix, and to serve as a guide to the sound, should endeavor to make the uterus swing over by bringing the cervix forward. In those women who have had several children, and in whom the open os admits the extremity of the finger, this movement is easy, and the sound penetrates with facility. In others, in whom the os is smaller, and the cervix carried far backward and upward, the extremity of the sound should be made to act in concert with the finger, in order to bring the cervix forward. The sound may be used, then, as a hook to seize the posterior lip, care being always taken that it does not impinge upon the *cul-de-sac* of the vagina, where its pressure might cause pain.

As soon as the external orifice of the cervix has been brought forward sufficiently for the extremity of the sound to reach it, the instrument should be introduced without delay, since the uterus can then be made to swing over with much greater facility, and the sound penetrates immediately, with little difficulty. The handle should be carried well downward and backward towards the fourchette, the concave surface of the instrument being directed forward. In 13 of our patients who had borne children, the introduction of the sound was easy and caused but little pain. In the 7 others we experienced considerable difficulty, attributable to various causes. In one case the external os was very diffi-

cult to reach, and, then especially, it was necessary to have recourse to the manœuvres of which I have just given you the description. Afterwards, I experienced, for a second time, the same difficulty. In a second case the resistance existed at the internal os, which was too small to admit the sound of which I made use, though I feel certain that a less blunt instrument would have penetrated without resistance. In the third patient, in whom a part of the posterior lip of the cervix had been destroyed by numerous cauterizations with the *caustique de Vienne*, the obstacle was at the distance of about a centimetre beyond the external orifice, and was overcome on the second occasion of the application of the sound. Finally, in the four others, the sound was arrested by the valve-like folds of the mucous membrane which I have mentioned to you. In general, the pain produced by the passage of the sound was in proportion to the difficulty experienced in introducing it, especially when the resistance occurred in the interior of one of the cavities, and principally at the internal orifice.

The pain was due, not to the pressure of the sound upon the walls of the cervix, as, in the cervical cavity, the instrument could be moved in all directions without causing distress, provided the instrument was not made to advance. If, on the contrary, the attempt was made to push it forward, when there was resistance, painful sensations ensued. I have always found the uterus more or less mobile, and capable of easy replacement, but prompt to return to its vicious position. It however maintained itself in place sufficiently long to enable us, by exploring at once, to ascertain the disappearance of the globular tumor formed by the body of the uterus behind the pubis.

This circumstance, important in regard to the diagnosis, acquires a new interest, if, introducing the sound, which now penetrates directly, we find that it is possible to cause this tumor to re-appear or disappear at will, according to the movements given to the instrument. For, if this tumor were anything else than the body of the uterus in a state of anteversion, it could not be thus displaced.

*State of the Patients while Walking.*—Walking was impeded in various degrees (19 times out of 20), and the patient who makes the exception is, as ever, the one whose case we first cited. In all the cases the women were easily fatigued—could not take long walks without experiencing extreme lassitude or distress in the abdomen. One of them could scarcely move a hundred or a hundred and fifty steps, without incurring syncope.

*Strength.*—The strength diminished in these 19 patients, particularly in the lower limbs; was in several completely lost.

*Pains not situated in the Pelvis.* We noted, three times only, pain in points beyond the limits of the pelvis. It existed in the side, and was exasperated principally during movement, in a patient who had previously had muscular pains. It was a simple pleurodynia. In another (Case I.) the pains of an intercostal neuralgia having set in during, disappeared with, a violent bronchitis. Thus, in these two cases, the pain had no connection with the uterine affection. But, in the third, the state of things was different, since the points of lumbo-abdominal neu-

ralgia, though isolated, and situated principally on the circumference of the abdomen, could be referred to no other cause than the anteversion. This demonstrates that if certain neuralgic pains are attributable to displacement of the uterus, their occurrence from this cause, far from being common, as certain authors have advanced, is rare, at least in the subjects affected with anteversion.

*Miscarriage.*—Miscarriage, which I mentioned to you in speaking of the causes, has been also pointed out by authors as a symptom. It is probable that the cause has here been confounded with the effect. To turn to the teachings of observation on this subject, 3 of our patients had miscarriages, though two bore children afterwards. One only (Case II.) had two miscarriages after a first accouchement at the full term, though in her case you will recollect that the disease did not appear till after the second miscarriage.

*Sterility.*—Though at least doubtful whether or not anteversion produces miscarriage, facts demonstrate, in an evident manner, that this displacement is a cause of sterility. Recollect that out of the 17 women who had been mothers, 12 had borne but one child. It is very remarkable that these women, still young, and, furthermore, so circumstanced as to render a repetition of pregnancy quite possible, had not given birth to a second infant for two, three, four, five, and even six years, while several of them, having lost their first children, desired further offspring. This symptom, the value of which might be called in question if there had not been a previous pregnancy, acquires importance when there has already been a first labor, and was of special import in a case which I had an opportunity of observing.

A lady, who had borne five girls, desired exceedingly a male child, but fell sick after her fifth labor, and continued ill six years without becoming pregnant. She had an anteversion, which was treated by the intra-uterine pessary. The cure was prompt. A little while after conception took place anew, pregnancy made favorable progress, and gestation was completed without other accident than a slight hæmorrhage entirely independent of the affection which occupies our attention. Place this case by the side of those pointed out by M. Velpeau, who saw patients affected with displacements of the womb, never having borne children, become pregnant a short time after the replacement of the organ. We are not told how this replacement was effected, though perhaps no more was done than, as has been recommended, to place behind the neck of the uterus during coitus, a sponge, which carrying the os forward, thus renders it accessible to the spermatic fluid. It is no less certain that sterility has existed in women solely from anteversion.

*Appetite.*—“*Embonpoint*”—*Complexion.*—*Anemia.*—The appetite diminished nine times, was seven times irregular and capricious, and, once, the patient was affected with severe epigastric pains after her meals. All the patients experienced distress at the stomach at different periods.

The *embonpoint* was diminished fifteen times. The flesh became soft and flaccid, principally in those whose appetite had failed, but also in several others.

The complexion had become pale in 12 patients who presented no



other sign of anemia. I found anemia in 4 only, one of whom, having had attacks of hæmorrhage occurring frequently, and at brief intervals, presented a yellowish discoloration of the face, with a cachectic aspect. One other had been subjected to repeated and profuse bleedings, to which her anemia might be attributed.

If, now, we compare the symptoms which I have just examined, with those described by M. Ameline, we perceive at once, that in the symptomatology there is no notable difference between the two degrees of anteversion which he admits. This author describes, as we have done, a feeling of painful tension in the loins, in the groins, or in the thighs. He notices, also, the difficulty in walking, the bent posture, also, of patients during this act being dwelt upon by him. I have given you (Case IV.) the history of two patients only who presented this last symptom. He rarely met with the sensation of weight in the pelvis, which in his cases, existed rather in the region of the pubis, than in that of the rectum.

Do enemata augment the pains? Though this has been admitted theoretically, yet, if you consult the records of cases, even including those given by M. Ameline, you will find but one instance of difficulty in the action of enemata. The same author has also mentioned difficulty in micturition, but never speaks of trouble in defecation. This appears somewhat surprising, when we recollect that the patients who came under our observation were often constipated, and, that in practising the tactile examination, fecal matter, accumulated in the rectum, was felt through the recto-vaginal septum.

The relief obtained by lying down was also noticed, and is easily explained. Though I have many times observed the alleviation produced by the horizontal posture, I have never found a patient who, like the one cited by Lévret, perceived the feeling of weight, which, while she was standing, existed behind the pubis, move towards the sacrum during the horizontal decubitus.

It results, as you see, gentlemen, from this simple comparison of cases, that, if we find a considerable number of the symptoms noticed by authors to be confirmed by a more accurate examination of the facts, there are some symptoms of the value of which this investigation has led to a better appreciation, and others the existence of which it has not verified.

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DR. ZIEGLER ON HÆMATOSIS, ITS NATURAL AND ARTIFICIAL INDUCTION.

[Continued from page 74.]

THESE respective agents, the oxygen separately, or its natural and artificial, physical and chemical compounds, as atmospheric air, differing from its natural condition only in being more condensed, its analogue formed by the superaddition of oxygen to it, and nitrous oxide, may obviously be administered in their gaseous state directly through the lungs, or in their aqueous association by the alimentary canal, or even to a certain

extent by the external or cutaneous surface ; my own experience with the aqueous preparation of the nitrous oxide affording convincing evidence of the non-essential ultimate difference in the effects of these elements thus conjoined and administered, on the circulation and organism, except in the greater rapidity of action when exhibited by the pulmonary surfaces.

The subject of the introduction into the economy of a due proportion of atmospheric air has heretofore been chiefly considered in relation to its passage through the pulmonary organs ; yet it is undoubtedly also introduced through the epidermic surface, and by means of liquids, as the salivary fluids, and water especially, through the stomach. And I am strongly impressed with the conviction that the atmospheric air, highly concentrated in the aqueous association, and thus passed through the alimentary canal into the circulation, will prove highly advantageous, both as a salutary and sanatory agent, especially as from the ordinary artificial and unnatural habits and often unavoidable circumstances of life the system is so frequently, and occasionally almost constantly, partially deprived, through the usual channel, of its proper supply of this natural aeriform food, which regular and temporary or protracted deprivation causes a species of aerial starvation, and is, without doubt, the primary and principal cause of a very great number of both general and local, functional and organic derangements of the economy. By this mode, however, a just proportion of the atmospheric elements and influences could always be readily obtained, and thus prove in a great measure, not only effectual in preventing these aberrations by preserving the sanguineous equilibrium, and the integrity of the general vital processes and energies, but to a certain extent useful in restoring it and them, when destroyed or impaired, and in rectifying the consequences of such privation when not too greatly advanced.

These agents, therefore, properly modified and applied, thus, it is believed, furnish the means for, and will produce results in the prevention, mitigation and rectification of abnormal action, both of a primary and secondary character, functional and organic, which no other agent or combination of agents will supply or induce ; their peculiar adaptation and special application being made in accordance with their differences, relations and specific properties, and the character, intensity and requirements of the deranged condition for which they may be desired and employed.

In my previous remarks, in former publications, on the protoxide of nitrogen, I have frequently alluded to the aqueous preparation or the surcharged water, this liquid being an excellent menstruum for its ready preservation and more convenient transportation and exhibition. I would not, however, have it understood, as I perceive it has been, that I rely exclusively on this preparation, as the gas itself directly introduced into the circulation through the principal natural aeriferous channel of the lungs, is more speedily prompt in its action, though in the aqueous association and thus passed through the alimentary canal it is also sufficiently so for all ordinary purposes. In many instances, also, the aqueous preparation is desirable in consequence of its facility of personal administration, and the avoidance of that feeling of trepidation and temerity so frequently

induced, especially in females, by the direct pulmonary exhibition of remedies, its pleasant taste, particularly with the addition of a little aromatic syrup, and its other qualities, rendering it likewise a most agreeable and acceptable beverage; it being also, according to my experience, readily tolerated by the stomach, even when water in its ordinary state is repugnant and objectionable. Still, as, in consequence of the expense and trouble of its preparation, it may not be so easily obtained, and the gas separately being comparatively free from these objections, a resort directly to it would frequently be preferable. These remarks, also, to some extent, apply to the aqueous preparations of the other analogous compounds of oxygen and nitrogen, or of the former separately, with the exception of that of the atmospheric air, as its universal existence and diffusion obviate the principal objections; it being, obviously, only requisite to highly charge the water with it, which can be readily accomplished by any ordinary force pump applicable to, or capable of, gaseous condensation. As an ordinary beverage, this aqueous atmospheric preparation would doubtless prove not only highly salutary, but a valuable substitute for those alcoholic and other deleterious and doubtful compounds now so freely used for such purposes.

The apparatus and process for the generation of the nitrous oxide gas are very simple, consisting of an ordinary sweet-oil flask, of glass properly annealed, and three wide-mouthed bottles connected with tubes, of glass or other suitable material; or what is neater and still better, of a regular retort, with the same number of Wolf's bottles similarly associated. The retort, or flask representing it, and containing the salt of nitrate of ammonia to be decomposed, is connected with the first bottle containing a strong or saturated solution of sulphate of iron (copperas or green vitriol); the second bottle a similar solution of caustic potash or soda; and the third bottle common water. The due application of heat to the retort will cause the decomposition of the salt and the evolution of protoxide of nitrogen or nitrous oxide gas, the more perfect purity of which is insured by its passage through the contents of the bottles. It may then be collected in a proper receiver, or immediately in a common bladder or the usual gum-elastic bag with a mouth-piece and stop-cock attached, and thus directly administered. The appearance of a white cloud in the retort, during the generation of the gas, will indicate the existence of a too exalted temperature.

The usual dose of the gas is about one pint three times daily to a male adult, increased or diminished according to the effect required and other circumstances, though it and its analogues may be used to almost any extent in cases of poisoning from narcotics, &c. To females and aged persons, proportionately a somewhat less quantity. Of the impregnated water, which, when properly charged, should contain about five times its bulk of gas, nine fluid ounces (℥ ⅔ ix.) daily, in divided quantities of three fluid ounces (℥ ⅓ iij.) each, at separate periods during the day, and used thus as an ordinary beverage. This quantity may also require an increase or diminution, according to the age, sex, peculiarities, aerial deficiencies, &c. The whole quantity may, however, be taken at one draught when a greater immediate effect is desired and the water

is not objectionable. When used too freely or in excess, this agent seems to produce a modification of the depurative functions, as, for instance, in moderating the action of the intestinal canal, which is not, however, attended with the general malaise, &c., usually a concomitant of this condition, as the greater proportion of the hydro-carbonaceous elements or materials are appropriated in the increased production of the components for the functions of the pulmonary, cutaneous and renal organs, and are thus evacuated through the other general depurative media. This is obviously of practical importance in the treatment of affections of this part of the system. When taken in moderate and proper quantities, however, it promotes healthy hepatic and intestinal, as well as general normal action and secretion.

[To be concluded next week.]

### EMPIRICISM.

[Communicated for the Boston Medical and Surgical Journal.]

MUCH has been said and written, within the last few years, on this subject, and perhaps it is something like presumption in me to attempt to throw any light on a topic which he that runs may read and understand. To do full justice to the evil, a regular nosological arrangement should be made, even, perhaps, with all the minutia of Dr. Good in his great work on disease. But for want of time, and from inability to carry out the arrangement, I shall not make the attempt.

I shall take the course of generalization, and consider two great classes of quacks; viz., the outsiders and the insiders; the one positively and the other negatively; and, as "brevity is the soul of wit," I will endeavor not to be tedious in quantity, if I am stale in quality.

Hypocrisy in medicine is, to me, far more disgusting than ignorance, and what I have to say will be dictated by this impulse. That we have a set of jesuitical practitioners within the pale of the regular profession, is a fact which ought to be *more than admitted* by every medical man who is a man. The medical profession has been sinking in the estimation of the public for a series of years. This is on every body's tongue. The cause is sought and supposed to be found in the miserable legislation that has been had in a great number of the States, and the consequent inroads that have been made upon us by the veriest ignoramuses. Men who come to this conclusion, I think, do not reason philosophically. Whence the kind of legislation alluded to? In my opinion it comes from the course taken by a set of men, who, by hook or by crook, have worked themselves within the limits of the regular practice, and continue to be recognized as regular practitioners, by medical societies and prominent members of the profession, while they are pursuing a course of sub-scientific charlatanry, that would disgrace any of the pathies or medical isms in existence. The intellectual and moral constitution of this class of quacks is such, as to shut out from their minds every motive but that of the *dollar*, and a kind of mushroom distinction among the rabble. Their course does not pass unobserved by the intel-

ligent in the community (for there are some such), and *they* scan the procedure, weigh the motive, and come to the rather natural conclusion, that if the profession itself make the practice of medicine a mere speculation, by catering to the prejudices, the ignorance and the caprices of the public, "*down with the monopoly, be democratic, go for the broadest liberty.*" These men and their influence get into our legislatures; and hence the laws that say to the public, "*all doctors are alike.*" If this view of the subject be correct, the sin lies at our own door, and we should hasten to rid ourselves of it. I was pleased with the proceedings of the Bristol Co. Medical Society in relation to this subject. The resolutions passed are sound in sentiment and of the right spirit, and it is hoped the parent society will consider them worthy of notice and adoption. It is an opprobrium upon the profession, that so many are retained in our ranks who are unworthy the title of M.D.; mere hirelings and sooth-sayers, fortune-tellers, charmers and conjurers, dealing in specifics for all human diseases, especially such as "consumption of the blood," "humors in the blood," "stoppage in the kidneys," &c. &c. I have in my mind a case which illustrates the principle upon which some act, who claim to be of the "Simon Pures." Some years since an old physician in the town (now city) of H—— was called to visit a patient in O——a Co., and after a very wise examination of the patient (a female), was inquired of by her what he thought of her case. He said—"I think, madam, your blood is very low, and if you can have something to physic it properly, you will no doubt get better." On an interview afterwards, the attending physician expressed his surprise that such a remark should come from a man of so great pretensions, and got for an apology, "we must talk as folks think." More soon. W. B. S.

*E. Livermore, Me., July 30, 1853.*

#### RESOLUTIONS OF THE DISTRICT MEDICAL SOCIETIES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I wish to address the Bristol District Medical Society, as well as that of Essex North, through the medium of your Journal, in relation to the communication of June 29th ult., from the former Society, and endorsed by the latter subsequently, to ascertain, if possible, what it means, and also to ascertain what is the test or standard which they have adopted for the members of the parent society, in medical practice. Has either of these societies sworn allegiance to the *true* and *only* *pathy* by which medical science can ever be promoted for the public good? On what principle of either natural or artificial science is their mode or *pathy* of treating diseases based? Will they inform us? Do they believe that medicinal agents act specifically on the animal organism, or not? What is their guide in the selection of remedial agents for diseases? Is it based on symptomatology, or pathology, or both? Do the members of these societies adopt the classification of the schools, viz., emetics, diuretics, emmenagogues, hydragogues, &c. If so, why? Do the members of these Societies have any reference to the specific ac-

tion of medicines in their prescriptions? If so, why? and if not, why? If medicinal agents act not specifically, why not as often prescribe jalap as ipecac., for an emetic? or tannin as often as senna, for a cathartic? or acet. plumbi, as pulv. Doveri, for a sudorific? Will either of these Societies explain to us, either the *modus operandi* or *modus egendi* of any medicinal agent that acts not specifically? By what are we to be governed, if nature has not made any provision for the restoration of the abnormal conditions of the animal organism? and if she has, on what principles are such provisions based, as practised by these Societies? Do the charter, constitution or by-laws of the State Society require all of its Fellows to practise in accordance with any particular mode or *pathy*? If so, what is it?

Therefore I wish to know what constitutes empiricism, in the practice of the *qualified* members of the parent Society. I also wish to know what is to be understood by the term "parasite," as applied to members of the State Society, by the Bristol District or Essex North Societies; and if either of them has discovered the "most excellent way" by which suffering humanity may be relieved from all the ills to which it is incident, I hope they will reveal the facts, that the remainder of the faculty may know how to avoid the "empiricism" and "parasitical" errors which so much annoy these Societies.

Will either of these Societies inform us who or what they mean by the "&c." appended to their catalogue of June 29th ult., as *corrected* in the No. of July 6th, that we may know whom they consider as "empirics" or "jesuitical" members of the parent Society, and why?

Now, don't be diffident, gentlemen, but speak out, definitely, like men, and not be afraid of either empirics or jesuits, for they will not harm you. As you say that all other empirics and mountebanks are entitled to the most profound respect in comparison with certain members of the parent Society, surely you cannot refuse to inform us whom you mean, or to give us a standard by which we may know whether our practice is orthodox or not, as you undoubtedly can, being, as you are, "free from every name and nature" of empiricism, and having no "parasites" or "jesuitical deceivers" among you. If you refuse to comply with my reasonable requests, would it be unjust in me to accuse you of unkindness in censuring me with the rest of the members of the State Society (your Societies excepted), for remaining in darkness while you refuse to give us light.

HIRAM PARKER.

Lowell, Aug. 10th, 1853.

#### USE OF THE TAMPON IN ABORTION.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is no situation in which a young and comparatively inexperienced practitioner can be placed, in which he feels the need of *all* the resources of our noble science, and *all* the information attainable, relating to the case, more than when his patient is *bleeding to death!*

When the vital fluid is flowing, not *guttatim*, but *in torrents*, as it were, and when immediate relief must be had—the flowing torrent be immediately checked, or death will ensue—at such a moment, there is no time to be lost in *theorizing*, for while we are thus engaged, our patient is dying! Something must be done, and that immediately. Calm, prompt, *decisive action*, then, distinguishes the true physician from the charlatan—the educated, well-informed practitioner, from the quack.

Every physician who has been in practice any considerable length of time, has been placed in the situation referred to. And not alone in *post-partum hæmorrhage* do we find cases of this character. Some of the worst cases of hæmorrhage which have occurred in the course of my practice, have been from abortion, occurring *previous to the completion of the third month of pregnancy*. The reasons why hæmorrhage is so much more dangerous and difficult to arrest in cases of abortion occurring previous to the fourth month, than when occurring at a later period of pregnancy, I need not discuss in this place, as they are familiar to every medical man. We have, then, a case of this character. The patient is flowing rapidly; she has lost, probably, a large quantity of blood before our arrival; she is faint, pale, and perhaps pulseless, and a cold, clammy sweat tells us but too plainly of her prostrated, sinking condition. If sensible, she is frightened, and the relatives and attendants even more alarmed than the patient. What shall be done? The uterus has little or no power of contraction to throw off the *fons et origo mali*; the os tincæ is closed, almost or entirely, so as not to allow the interference of art to bring away the ovum and its membranes; external pressure, or cold, or other appliances, will be of little or no service. What shall we do in this dilemma? Do something we must! and what? *Use the tampon!* Dam up the flood! and, for the time being at least, *your patient is safe!* It is easily done—it gives little or no pain, if carefully performed. But in order to prove effectual, the tampon must be a perfect *plug*. It must fill the vagina, and press to some extent on the os uteri. A fine, and perfectly clean, and soft *sponge*, is perhaps the best for the purpose; but when this is not at hand, a silk handkerchief, or linen, or even cotton cloth, torn into small pieces, will answer for the time being. The plug or tampon should never be suffered to remain more than twelve hours at most, and it may with safety be repeated, until the *expulsion of the ovum* renders it no longer necessary. Stimulants should be given if the patient is very weak, but we should use caution in their administration. With the tampon, in cases of this kind, I am accustomed to make use of the following pill:—*R. Acid. tannic pulv. secale cornuti, āā ʒj. M. Ft. pilules no. x., one given every two hours, or as often as may be necessary.* If too much pain is present, half a grain of opium, or a grain of extract. hyoscyami, may be added to each pill. As soon as the ovum is discharged, we may of course omit the tampon, and even the pills if the hæmorrhage ceases. To nourish, and give tone to the system, *then*, is all that is necessary. But in my humble opinion, a bandage or swathe is as necessary after abortion as it is after parturition.

Roxbury, Mass., Aug. 1853.

## HÆMORRHAGE FROM EXTRACTION OF TEETH—SICK HEADACHE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have seen, from time to time, articles by different writers, on the treatment of hæmorrhage from the extraction of teeth. They all seem to shoot at anything but the mark; or, at any rate, *hit* anything else. I have had occasion to treat several cases of bleeding from the above cause (one of which occurred in an individual who was a most inveterate bleeder), and it so happened, always with the most happy results.

I think it a great mistake to suppose that the hæmorrhage comes from the bottom of the alveolar cavity in all, or in most of the desperate or obstinate cases. In three of my worst ones the bleeding was from some severed artery in the gum surrounding the cavity, as were also many others of a less serious character. In one instance, several years since, I found the edge of the gum raised up from the alveolar process, around the cavity, for more than half an inch, and the mouth of the bleeding artery was within this pocket. The patient had had several physicians to treat him for this bleeding, all of whom had been plugging the cavity with medicated substances, and yet the bleeding continued, until the man, from a red, fresh countenance, was reduced to almost a corpse in appearance, the compression having been made in the wrong place. I immediately, upon my arrival, had the patient's mouth washed out with cold water. I then found the source of the bleeding, moistened a bit of cotton with creosote of its full strength, put it on to the mouth of the bleeding artery, directed the nurse to put her finger on to the gum over it, and make firm and constant pressure, first with one hand and then with the other; and when she could hold on no longer, to let another person take her place. The consequence was, he had no more bleeding, and made a rapid recovery.

Of all the inventions for holding medicated lint on to a bleeding gum or alveolar cavity, nothing is so good as the point of the nurse's finger, or, in the early stage of the case, the finger of the patient. But in the first place find the mouth of the bleeding artery, and then you can work efficiently. If the hæmorrhage comes from the bottom of the alveolar cavity, it is a very easy thing usually to arrest it. In most instances a ball of cotton two thirds as large as the cavity, rolled hard and pressed into the bottom of it with some suitable dental instrument, will in a *mechanical* manner permanently arrest the hæmorrhage. But we see reported frequently, in some of the Medical Journals, that the surgeon has piled on fold after fold of lint, until he had got it piled above the gum, and then put a piece of cork or silver plate on to the top of all this lint, then brought the jaws together, or in some other way made the compress fast, and finally controlled the bleeding. Such a report proves that the source of the bleeding was not known, and that by the attempt of the surgeon in this way to make firm and permanent pressure on the bottom of the alveolar cavity, he unintentionally, also, made pressure in the right place, on the bleeding gum, and consequently succeeded in saving his patient's life. The idea of allowing a patient to go on bleeding,



from day to day, with these different inefficient appliances on, until he is as pale as a corpse from the loss of blood, seems perfectly absurd, when in most instances it could instantly be arrested with the point of the finger put on the mouth of the bleeding artery. What if the nurses are obliged to sit by the patient and take their turns, for six weeks even, in compressing the mouth of the bleeding artery; is not the patient's life worth the trouble? Cases of slight alveolar hæmorrhage are readily controlled by moistening a ball of cotton with spirits of turpentine and pressing it into the bottom of the cavity. But for what are termed *bleeders*, I give internally fifteen drops of the spirits of turpentine every three hours, and use externally creosote in its full strength.

*Sick Headache—Treatment.*—Take any number of drops of croton oil, mix them with flour and molasses, and make as many pills as drops of the oil used. When the patient begins to feel the sick headache coming on, one half of a pill is to be taken every hour in molasses or something of like consistence, until it acts as a cathartic; and thus treat the sick headache at each attack. In many instances some unpleasant sensation will be felt in the stomach, before the pill acts as a cathartic; but it will disappear when the cathartic effect takes place. Some patients require only one half of a pill, others may require five halves, and most will require three halves before a cathartic effect is obtained. No patient need be alarmed at the distress and nausea at the stomach that this pill may produce, even if it vomits, as it will do in some instances. Neither should the second, third, or fourth half pill be delayed in consequence of the unpleasantness it may produce in the stomach; but give each dose in exactly an hour from the last dose, and almost every patient will come out satisfactorily at length. But in no instance should a whole pill or drop be given at a dose, as it is sure to produce a good deal of distress. (In colic or constipation of course we give one, two, or three drops, according to circumstances.) Sick headache patients we have in abundance all around us. I have been successful in curing or benefiting most of those that I have treated. In many instances the pill acts like a charm to the patient, who should be furnished with pills enough for a dozen doses, so that at each attack they may be taken. If thus taken, each attack will be found less severe, and in some cases a few doses produce a permanent cure.

The pathology of what is called sick headache, I will not attempt to give, but the croton oil seems to act in three ways: 1st, by increasing the secretions; 2d, by counteracting the anti-peristaltic action of the stomach and bowels; and 3d, by acting as a counter-irritant to the brain, as a mustard poultice does when put on the feet. N. L. FOLSOM.

Portsmouth, N. H., August, 1853.

#### TREATMENT IN THE NEW YORK ORPHAN ASYLUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The No. of your Journal for July 6th, 1853, contains a short article under the head of "Practice without Medicine," in which there

are misstatements, such as could hardly have occurred had the writer perused the report on which he comments. I herewith send you the original report, with another published subsequently, and ask the insertion of this communication in your Journal, as a matter of simple justice.

The report was made to the Protestant Half-Orphan Asylum, and the name is so printed on the report. Yet the writer speaks of the "physician of what is called, in the city of New York, a Half-Protestant Asylum." The founders of this Asylum need no vouchers for the thoroughness of their protestantism; but a mistake of this kind shows a want of accuracy which must impair confidence in the writer.

Again, he says, "Perhaps Dr. Bowers belongs to the expectant school." "At any rate, his honesty is commendable in not attributing his success to sugar pills and other useless infinitesimals."

However gratifying it might be to receive commendation from such a source, I cannot accept it at the expense of truth. Having regularly studied my profession, and practised with success, in the usual manner, for twenty years, circumstances led me to the investigation of homœopathia, and the report in question is given to the public and the profession as a vindication of my course in adopting it, and a demonstration of the great superiority of the homœopathic treatment, showing that in all the asylums in New York, for ten years, the rate of mortality under allopathic treatment, as compared with homœopathic, is more than three to one.

Very respectfully yours, &c.,

124 Bleeker st., New York, Aug. 24, 1853.

B. F. BOWERS.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 31, 1853.

*American Pharmaceutical Association.*—During several days of last week, the members of the Association were in session in Boston. Their deliberations were characterized by dignity and energy. To raise the educational standard of druggists and apothecaries, is one of the principal objects of this excellent institution; another is, to bring about a uniform system in regard to all business relations of the trade; and lastly, to exercise a vigilant care over whatever medicines may be used by physicians, so that the best and purest articles only shall ever be allowed a place in their prescriptions. With such laudable plans, this praiseworthy association, in concert with the American Medical Association, must necessarily have a powerful influence in lessening the amount of fraud and quackery which are now a disgrace to the intelligence of this country, while it will also elevate two professions which are admitted to be of immense importance to public health and happiness.

*Posthumous Reputation.*—On looking over an editorial notice in the August number of the Philadelphia Medical and Surgical Journal, the freedom of comment on the character of medical men lately departed, was noticed as somewhat striking. Speaking of the late Dr. Chapman, there is

applied to him the epithet "sun-loving." The writer speaks of others as follows:—"Poor inoffensive Horner, having gathered all the reputation and money he could, is gathered to his fathers;" "Horner was an automaton;" "Caldwell was vain of a fine person and particularly of his head, and walked through our streets with an umbrella raised to keep off the sun, and hat off to show his head;" "Rush the meek philosopher," &c. When a celebrated physician of Boston made his exit from life, some years ago, the remark in the streets was, that "Old Dry-bones was off at last." The late Sir Henry Hallford, the physician of two kings, received unbounded civilities from his medical brethren while living, but the breath was no sooner out of his body than many of them were ready to kick the dead lion. They all agreed in this, that he was a lucky fellow, without a claim to the distinction which he enjoyed—being nothing more nor less than a royal flatterer and a court leech. Whether the estimate thus made of the characters of the deceased be correct or not, it is certain that in medicine success does not depend on profound wisdom or great attainments; if it did, so many individuals of limited talents could not be in request. Fortuitous circumstances sometimes make eminent physicians out of pretty poor materials. A drab coat, white-top boots, or gold lunettes, succeed in one community; a perpetual slovenliness secures fame in another; a simpering smile does the work in a third; while rough manners and vulgarity triumph somewhere else. The avenues to high professional position are as numerous as the whims and caprices of civilized life. Success, through the influence of any one or all of these accidents or eccentricities of character, must necessarily be local, and leave no lasting influence to keep alive the memory of the dead. A higher and nobler purpose should actuate the fraternity, than a reputation built on such foundations, or the mere gathering together of money. Those only who have contributed to the storehouse of information will be chronicled in the great book of history. Wealth, or a reputation that fills a circle of forty miles, may be very comfortable affairs to the possessor, but both are forgotten in less than a quarter of a century. Those, on the other hand, who improve their opportunities for gathering knowledge, and dispense it again for the benefit of others, will have a name and an influence in after ages. We have distinctly before our mental vision several who are in no estimation by many of those who are themselves seeking after fame. They are toiling on, quietly, alone, and unobserved; yet their biographies in after times will be read with interest and advantage.

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*Galvanic Abdominal Supporter.*—For more than a month, we have been reflecting upon, and expecting to gather something satisfactory in respect to the value of this invention. With an instrument on hand, no proper opportunity for testing its specific properties has been presented, and we are therefore obliged to wait awhile longer, before speaking from practical experience respecting its utility. There can be no question as to the propriety of applying electricity in a variety of diseases. It is a settled fact, that, administered judiciously, by competent persons, the happiest results have followed its use in a multitude of instances. The batteries referred to recently in this Journal, are becoming favorites with members of the profession, notwithstanding the immense amount of quackery connected with the advent of this mode of treatment. Electricians admit that the newly-invented supporters are constructed upon philosophical principles, and they are certainly capable of conducting a current through organs embraced be-

tween the pads. One of the strong recommendations in favor of using one of the instruments, is its simplicity. Were there a complication of springs, screws, and straps, a trick might be suspected. A zinc plate embraces the abdomen, or chest, as the case may be, while two copper pads, fitted to the depressions each side of the spine, are directly opposite, united by steel bands passing over the crest of the hips. A good report has been brought from those who have had the charge of cases where this ingenious contrivance was applied, and in some there was a speedy restoration of the long-suffering patient. Females, particularly, have been essentially benefited—and galvanism must have been the agent. Making proper allowances for the imagination, which is generally active when a new remedy is proposed, the weight of testimony is quite favorable to Seymour & Co.'s manufacture.

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*Medical College of Ohio.*—If the edifice in which the lectures of this college are given, is truly represented by an engraving accompanying the circular, it must be an imposing structure. The next course of lectures will be the thirty-fourth. Nearly the whole board of professors is made up of new names, but the trustees say that "the members of the faculty are all young men, yet of ample experience in their several departments." Ohio is bountifully supplied with the means of medical instruction. With three schools in Cincinnati, one in Cleveland, and one or two at Columbus, there ought not to be a quack in the State. Whether there are any, or not, gentlemen most familiar with the profession in those cities are best able to decide. Dr. Lawson has had experience enough to entitle him to the position and the influence of a veteran; and very properly he appears to be the leading spirit of the College. With such advantages as the faculty can command, there cannot be a question in regard to the high character of the lectures. By doing away with the *matriculation* fee, which no college is justified in exacting, the receipts would be larger. We hope for the continued success, respectability and influence of the old Medical College of Ohio.

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*Miller's Surgery.*—The third edition of that well-known and much esteemed system of Surgery, with additions, by F. W. Sargent, M.D., one of the surgeons of Will's Hospital, shows that its claims are fully acknowledged in the United States. Messrs. Blanchard & Lea understand how to give an artistic finish to their books, and this one is a fine specimen. The medical publishers of Philadelphia almost uniformly give good paper, open type and a readable text. Since Dr. Sargent first came before the professional public with this work, improvements in it have been introduced, a large number of wood cuts added, and whatever else could be done to better an excellent surgical guide. To students, while attending the approaching lectures, this will be a valuable assistant. Its orderly, scientific arrangement is a recommendation. Those studying medicine should have their minds disciplined and guided; and hence, systematic authors have the first claim. The volume is a full-sized octavo, containing 720 pages and 48 chapters, illustrated by 319 engravings. Of course, copies are distributed over the country, and can therefore be found at all the principal bookstores.

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*Psychological Journal.*—After studying the pages of the few numbers of this Journal received, the question came up involuntarily: who is sane, if such a host of intellectual giants, as are here spoken of—men who have

excelled in every department of literature and science through a succession of ages—were insane? The illusions of genius are doubtless various; but it cannot be possible that the only people in the world not stark mad, are those devoid of genius and the medical superintendents of lunatic hospitals. We entertain a profound respect for the researches of gentlemen who have given their lives up to the consideration of mental maladies, and freely acknowledge they have contributed immensely towards ameliorating the condition of lunatics. By long pondering upon one train of thought, however, the very mind that is intent upon detecting symptoms of irregularity in the reasonings and judgments of others, may itself fall into a similar abnormal state. We do not say that this has actually occurred in a single instance; but the liability to do so, upon well-known physiological laws, will be readily admitted. Dr. Mead's *Journal* exhibits industry—the first element of success in a periodical. His own articles have not yet been elaborate, yet they are spirited, and one of them, on the "mismanagement of public institutions for the insane," shows that he is fearless and honest. These are qualities that should recommend him to the patronage of those who are interested in the study of every aspect of mental disease, and we bespeak for this modest, well-conducted *Journal*, the encouragement of the medical brotherhood.

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*Peninsular Journal of Medicine.*—"The cry is, still they come!" Another candidate for fame and profit has been ushered into being, called—"The *Peninsular Journal of Medicine and the Collateral Sciences*," published at Ann Arbor, Michigan, by E. Andrews, M.D. It is to be issued monthly, at two dollars a year. How the large number of medical periodicals now regularly published in the United States are to be supported, is a question. Unless they succeed in their collections better than ourselves, two thirds of them will be a source of more anxieties than in-coming dollars. This monthly has a fine appearance, its matter is choice, and a spirit is infused throughout, creditable to the editor and honorable to the State. We wish it all the success which it will doubtless continue to merit.

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*Professional Patents.*—Dr. Arthur, in a pamphlet lately published, uses arguments against patents for securing certain discoveries by professional men, more particularly dentists, who have from time to time been somewhat tenacious about hedging in their improvements. But few physicians ask for anything of the kind, and where they have done so, it has been rather an injury than a benefit to the patentee. The mode of administering sulphuric ether in surgical operations was patented; but the parties regretted extremely that they had ever applied to the patent office. At the conclusion of Dr. A.'s pamphlet, the spirited author promulgates this sentiment—"It is the interest of every one engaged in our profession [dentistry] to oppose the practice which has formed the subject of this paper." In other words, he is down upon those who ask for patents, to secure to individuals the exclusive right to practise in a manner not open to all respectable dental operators.

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*Education of Nurses.*—The project has been advocated in high places, of having a special course of instruction, in the Female Medical College, for nurses. This would be a popular movement. There is a woful degree of

ignorance even among the best of that most useful and indispensable class. No one can better appreciate the services of a good, kind, intelligent nurse, than a physician. His efforts are often powerless, from the bad management and want of tact in the person whose office it is to give the prescribed medicines, and attend to the varying demands of a sick patient. Every body admits that nurses are essential; and all agree in this, that an accomplished one is a treasure. But who has ever taken pains to assist in imparting a correct knowledge of their duties? If the Female College will take this matter in hand, the community, far and near, will be gratified, and their graduated nurses will never lack for lucrative employment.

*Crania Britannica.*—A great national ethnological work will soon appear in London, by Mr. Joseph Barnard, and Messrs. Davis and Thurnam. It is to embrace delineations of the aboriginal inhabitants of the British Islands, and will be published in a series of decades in imperial quarto, of ten lithographic plates each—one every three or four months, with descriptive letter-press—exactly the size of nature, to be privately printed, issued in London, strictly confined to subscribers, and not exceeding six decades, at one guinea each. Dr. Dowler, of New Orleans, has made an interesting communication to the Delta of that city upon the subject. In a correspondence with Dr. Dowler, the following observations occur:—"In America," says Messrs. Davis & Thurnam, "the great master of the science, the late Professor Morton, founded his classical works, '*Crania Americana*' and '*Crania Aegyptiaca*,' on the Aborigines of the western world, and on the ancient Egyptians, upon skulls obtained from the mounds and burial places of the former, and the catacombs of the land of the Pharaohs." \* \*

"It seems an anomaly that the people who first roamed the wilds and forests of our native country (Great Britain) should hitherto have attracted so little regard. Their remaining works have been traced out and deciphered with the most patient investigation. But it is remarkable that their personal remains—their bones—entombed in barrows over so many districts of these islands, have, until recently, not been objects of attention even to collectors—unlike the geologist, who has gathered up and treasured every osteological fragment of the races of animals coming within his domain. \* \* \* \* \*

"It is believed that a sufficient number of these precious relics have now been exhumed from barrows and other tombs, to enable us not merely to reproduce the most lively and forcible traits of the primæval Celtic hunter or warrior, and his Roman conqueror, succeeded by Saxon or Anglo chieftains and settlers, and later, by the Vikings of Scandinavia; but also to indicate the peculiarities which marked the different tribes and races, and to deduce at the same time their position in the scale of civilization, by the tests of accurate representation and admeasurement, with artistic skill worthy of the subject, and thus perpetuate them from accidental destruction and the further inroads of pelting age; without committing the authors to any of the theories which have been enunciated."

*Medicinal Plants in British Guiana.*—Between the Orinoco and the Amazon, in South America, is a portion of country called Guiana. It is fertile almost beyond belief. The natural productions of utility to man—timber, fruits, vegetables, &c.—are immense. Dr. Daniel Blair, a prominent citizen and physician of Demarara, who is soon expected in the United

States, is one of a committee who forwarded specimens of the growth of Guiana to the Fair in New York. The catalogue is very full, and vastly enlarges our views of the resources of that country. The list of medicinal plants and gums, of which very little is known either here or in Europe, is quite surprising. Dr. Blair could not undertake a more lasting monument for himself, than to furnish a scientific work on British Guiana. It would increase the commerce of his adopted home, and add to the now sparse population of that region, while its natural productions would be made known and enrich other and distant regions.

*Medical Miscellany.*—David Wilson, who recently died above one hundred years of age, was the father of 47 children by five wives.—The first number of the Iowa Medical Journal, conducted by the medical faculty of the University at Keokuk, was published the first day of August.—The Philadelphia Medical and Surgical Journal is exceedingly severe on Dr. Meigs, of that city.—A Mr. Boatright, of Illinois, has just been married the tenth time!—Smallpox is represented to be prevalent in Smyrna township, Illinois.—Dr. John Moore, of Indiana, has been appointed assistant surgeon of the United States Army, vice assistant surgeon Southgate, resigned.—Charles Boerner, the German quack doctor, who was convicted in New York of mal-practice, in causing the death of a woman and her infant, was sentenced to the State Prison for two years.—A building for the use of idiots is proposed in Hingham, Mass.—Later news from Calcutta state that the cholera was subsiding, though at one time they numbered 700 deaths per day.—Walter Carpenter, M.D., of East Randolph, Vt., has been appointed Professor of Materia Medica and Therapeutics in the University of Vermont.—A tumor weighing forty and a half pounds was recently removed from the person of a Miss Harrison, of Mayslick, Ky., by Drs. Dunlap and Bradford, of Augusta. The young lady is getting well.—The Astley Cooper prize of £300 for the best essay on the "Structure and Functions of the Human Spleen," has been awarded to Henry Gray, Esq., F.R.S., London.—The details of the ravages of the cholera at Copenhagen are heart-sickening. The accounts state that the most frequent passengers in the streets are the carpenters' men carrying home coffins.—A woman lately died in a village near Madrid, aged a hundred and twenty-five. She married for the second time at the age of one hundred.—It is estimated that probably one man in every four throughout the human race is, more or less, a smoker of tobacco.

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MARRIED.—At Bowdoinham, Me., 18th inst., Dr. John Evans, of Chicago, Ill., to Miss Margaret P. Gray, of B.—At Bordentown, N. J., 18th inst., Samuel Appleton Storrow, M.D., of Virginia, to Miss Rebecca J. McKnight, of B.

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DIED.—At Saratoga Springs, 19th inst., Dr. John Gardner Ladd, of Brooklyn, N. Y., 33.—In Virginia, by suicide, Dr. Hackett.—At Prescott, Canada, Staff Assistant Surgeon King, formerly of the 42d Royal Highlanders.

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*Deaths in Boston for the week ending Saturday noon, Aug 27th, 97.* Males, 56—females, 41. Accidents, 2—*inflammation of the bowels*, 3—*disease of the bowels*, 1—*burns*, 2—*inflammation of the brain*, 1—*disease of the brain*, 2—*consumption*, 14—*convulsions*, 2—*cholera infantum*, 11—*cholera morbus*, 2—*dysentery*, 10—*diarrhoea*, 3—*dropsy*, 1—*dropsy in the head*, 2—*debility*, 1—*infantile diseases*, 6—*puerperal*, 1—*typhus fever*, 1—*typhoid fever*, 2—*scarlet fever*, 2—*hooping cough*, 3—*intemperance*, 1—*inflammation of the lungs*, 2—*disease of the liver*, 2—*marasmus*, 4—*measles*, 2—*old age*, 1—*scrofula*, 1—*disease of the spine*, 1—*teething*, 7—*thrush*, 1—*unknown*, 3. Under 5 years, 52—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 9—over 60 years, 9. Born in the United States, 70—Ireland, 18—British Provinces, 3—England, 2—France, 1—Scotland, 1—Sicily, 1—Switzerland, 1.

*Case of an Opium-Eater and Vegetarian becoming Bedridden.—Recovery on taking Animal Food.* By S. L. GILL, Esq.—On visiting Mr. C——, I found him to be a little, withered creature, apparently seventy years of age, his real age being only fifty-one; diathesis highly nervous; skin resembling parchment. He had been a vegetarian for five years, and bedridden for seven months, and taken about five grains of solid opium daily for ten years past.

The skin parched; pulse 90, and very feeble; tongue tremulous, and coated with a brown fur. Bowels acted but once or twice weekly, and then only a very small quantity resembling bird-lime was passed. Urine scanty and high-colored, but healthy. He had bed-sores upon the nates, sacrum, and scapulae.

In the first instance I acted slightly upon the liver with mercury-and-chalk, combined with aloe, and brought away some filthy stools; and administered also diffusible stimuli with the tincture of opium, and small quantities of beef tea; and placed him upon one of Mr. Hooper's water-beds. In a week he had rallied considerably; the bowels acted every second day; tongue clearing at the tip and edges; bed-sores assuming a healthy appearance. At the fortnight's end he took a mild tonic and stimulant, and seemed to relish the beef-tea, but could not bear the sight of meat; took a new-laid egg in chocolate twice daily. At the end of a month, he bore small quantities of mutton, chopped into very fine pieces. The limbs were rubbed daily with and without liniments: this treatment was persevered in for three months. The use of the limbs gradually returned, and he is now walking about, collecting his own rents, and takes animal food once daily, and one grain of opium night and morning.—*London Lancet.*

*Oily Frictions in the Yellow Fever.*—Frictions of the body with oil, which have been said of late both to prevent and to cure the plague, have been applied in the treatment of the yellow fever with equal success by Dr. Keutsch, physician at the Island of St. Thomas, in the West Indies. Of eight soldiers ill of the yellow fever, under the care of this gentleman, six were cured by the oily frictions in the space of twenty-four hours. Copious sweats were induced, and almost always the vomiting was restrained immediately. The frictions are rendered more efficacious, it is said, by dissolving camphor in the oil.—*Medical and Chirurgical Review, of 1804-5.*

*Lupulin (the Alkaloid of Hops) as an Anaphrodisiac.*—M. Debout, editor of the Bulletin de Thérapeutique, has found lupulin extremely efficacious in priapism, chordee and spermatorrhœa. The dose is 15 or 30 grains of the powder, triturated with white sugar. MM. Ricord and Puche have administered three drachms without any unpleasant effects.—*Virginia Med. and Surgical Jour.*

*Ophthalmia.*—Dr. J. Paul announces (*Ann. d'Oculist.*) that he has used with advantage in chronic inflammations of the eye, injections of a solution of nitrate of silver (℞ j. ad ℥ ij.) into the nostrils. This powerful derivation upon the Schneiderian membrane is analogous to the cauterizations of the nostril with the solid stick of caustic, which have been recommended particularly in scrofulous ophthalmia by MM. Morand (de Tours) and Taignot.—*Ib.*